

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90017 003 ****61.25

DOCUMENT # N16210

1. Entity Name

FLORIDA SHERIFFS YOUTH RANCHES FOUNDATION, INC.

Principal Place of Business

Mailing Address

**FLA SHERIFFS YOUTH RANCHES INC
COUNTY ROAD 795
BOYS RANCH FL 32060
US**

**C/O FLORIDA SHERIFFS YOUTH RANCHES, INC.
COUNTY ROAD 795
BOYS RANCH FL 32060
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2737684

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BOUCHARD, ROGER O JR.
FLORIDA SHERIFFS BOYS RANCH
COUNTY ROAD 795
BOYS RANCH FL 32060**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
NAME **BOUCHARD, ROGER O JR.**
STREET ADDRESS **COUNTY ROAD 795**
CITY-ST-ZIP **BOYS RANCH FL 32060**

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **CD** ☐ Delete
NAME **RUSSEK, LEONARD.**
STREET ADDRESS **3101 COQUINA KEY DR**
CITY-ST-ZIP **ST. PETERSBURG FL 33705**

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VCD** ☐ Delete
NAME **CROW, LAWRENCE**
STREET ADDRESS **455 N. BROADWAY AVENUE**
CITY-ST-ZIP **BARTOW FL 33830-3998**

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **LINEBAUGH, MICHELE**
STREET ADDRESS **5100 NW 33RD AVE**
CITY-ST-ZIP **FT LAUDERDALE FL 33309**

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **PACE, SHERMAN H.**
STREET ADDRESS **1744 DREW STREET**
CITY-ST-ZIP **CLEARWATER FL 34615**

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W. Bass

2/12/01

904/842-5501

Date

Daytime Phone #

CR2E037 (10/00)